	PAICHI	Effect	ive Janua	nu	k	966	; 3	587	7			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER	
TOTAL CLAIMS			3				P/	TE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	375.00	OR	Basic Fee	750.00
TOTAL CHARGEABLE CLAIMS			3\ minus 20=		-11		X\$ 9=		<u> </u>	OR	X\$18=	198.
INDEPENDENT CLAIMS			5 minus 3 €		•		X42=				X84=	16
MI	ILTIPLE DEPEN	IDENT CLAIM P	RESENT							OR		16.7
• H	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	+140=			OR	+280=	
CLAIMS AS AMENDED - PART II								TAL		OR	TOTAL	777.6.
	C	(Column 1)	MENDED - PART II (Column 2) (Column 3)				SM	ALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER SUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total 3/	• 3/	Minus	* 7	0	=//	X\$	9=		OR	X\$18=	
	Independent				-8	X4	2≃		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<b>0</b> =		OR	+280=	
G	al do				•		ADDIT	OTAL		OR	TOTAL ADDIT, FEE	
7	264	(Column 1)		(Colur	nn 2)	(Column 3)	ADDII	. FEE			ADDIT PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER SUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 2.7	Minus	** :	3/	= Q	X\$	9=	/	OR	X\$18=	
	Independent	NTATION OF MI	Minus	CAIDEAT	5	<del>- ()</del>	X4	2=		OR	X84≐	
<b>_</b>	rinoi ricac	NIATION OF BR	JLIPLE DEP	CNUENT	CLAIM		+14	Ť		OR	+280=	
							ADDIT.	FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		REMAINING AFTER AMENDMENT	A.	NUMI PREVIO PAID	BER	PRESENT EXTRA	RA*	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	*		•	X\$	9=		OR	X\$18=	
	Independent	*	Minus	444		*	X4:	)_			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  OR  TOTAL  ADDIT. FEE												
		ber Previously Pal					er found in t	pe <del>abl</del>	propriate box	r in coi	lumn 1.	

**Application or Docket Number**